

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 1 7

2. STATE:

MA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

07/02/02

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY 02 (SAVINGS) \$ 375,000

b. FFY 03 (SAVINGS) \$ 1,500,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C, p. 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-C, p. 1

10. SUBJECT OF AMENDMENT:

Medical Leave of Absence

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Not required under 42 CFR 430.12(b)(2)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Wendy L. Walling

14. TITLE:

Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

State Plan Coordinator
Office of the General Counsel
Division of Medical Assistance
600 Washington Street
Boston, MA 02111**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

SEP 26 2002

18. DATE APPROVED:

Margaret Leoni

12/23/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/02/02

20. SIGNATURE OF REGIONAL OFFICIAL:

Ronald Christon

21. TYPED NAME:

Margaret Leoni

22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

**State Plan Under Title XIX of the Social Security Act
State: Massachusetts**

Payments for Reserved Beds

- ☒ Massachusetts Medicaid will pay for reserving beds in nursing facilities for members during their temporary absence for the purposes indicated below.

- ☒ For medical leaves of absence (MLOA), payment is available for stays in acute, chronic and rehabilitation, and psychiatric hospitals for up to 20 (NF) days per hospital admission.

The Commonwealth will pay the nursing facility at the facility's lowest payment rate.

- ☒ For nonmedical leaves of absence, payment is available for up to 15 (NF) days per 12-month period. The Commonwealth will pay the nursing facility at the facility's lowest payment rate.: